Suicidal risk screening: oncology nurses barriers and facilitators – A qualitative evaluation

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BACKGROUND

- Cancer is now well known as **a factor for a higher risk of suicide**, especially for poor prognosis cancer patients within one year of diagnosis (1).
- Guidelines recommend that patients be screened for suicidal ideation and to be referred **early to appropriate supportive care** (2,3). Nurses are primary professional resources.
- Despite this role, in many international studies, oncology nurses felt unable, lacked skills, and feared to deal with suicidal patients (4-7) Data related to French nurses' care practice are lacking.

OBJECTIVE

This study aims **to explore the barriers and leverages to screen for suicidal risk in adult cancer patients by nurses** working in a comprehensive cancer center.

METHOD

- This qualitative and cross-sectional study was conducted through a focus group in January 2024 with **11 nurses** from a French cancer center (Gustave Roussy).
- Eligibility criteria: Nurses must have at least one year of experience in oncology.
- The **focus group** was audio-recorded, transcribed and analysed independently by two raters. A thematic analysis on the transcripts was performed through an inductive approach (8).
- **3 questions for the focus group:**

- Nurses current practice in suicide risk screening
- Barriers to identify suicidal risk in cancer patients
- Facilitators to identify suicidal risk in cancer patients.

RESULTS

Population (**N = 11**): Median age : **29 years** (22-56) – Medial professional practice : **8 years** (2-34). **Varied place of practice**: ambulatory, hospitalization, in curative but also palliative care

Barriers

Institutional and organisational barriers
- Have less time
- Pyramidal organisation

we can't give ourselves.... Otherwise, the next theme is for us

Emotional barriers
- Suffering: a threshold
- Risk of emotional contagion

They don't have the strength, even after the chemotherapy, they're all tired, so the one who manage to really take action

Protection mechanisms
- Projective identification
- Suicide a real risk?

Cognitive barriers
- Multiple representations of suicide
- Lack of theoretical and practical knowledge
- Imposter syndrome
- 'To each his own'

It's true, it is not our job

Facilitators

Institutional and organisational
- Time: a quality factor
- Interdisciplinarity: a solution

We work mainly in pairs, as a mobile team. It's much easier to deal with all this distress

Training
- Grounded in practice
- Peer training
- Professional experience: a strength

But training that understands how little time you sometimes have, Sometimes, you're going to put the needle in. That's when he'll talk

Therapeutic alliance
- Link with patients and caregivers
- Oncology : a vocation

Back to discipline fundamentals

they feel that despite the illness,..they feel comfortable with us in the end

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DISCUSSION

Nurses share that they:

- **Don't screen suicidal risk systematically.**
- Have **lack of knowledge** about suicide
- Have **difficulty to deal with suicidal thoughts**
- Have **positive link** with **supportive care team**
- Have **sometimes difficulties** with the **medical team**, they **don't feel listened to**
- Want **to learn more**
- Need **more time** to do their job

Study limitations:

- **Monocentric** study
- Suicidal risk screening is everybody's business : **just focus on nurses' point of view**

Clinical implications:

- **Manage** and **create educational tools** for oncology nurses
- Enhance us also to deconstruct **received wisdom**
- **Emotionnal support for nurses**
- Help nurses to **feel competent and legitimate**
- **Prove them they have a major role**

Research Implications:

- **Evaluate implementation of learning tool** in clinical practice with qualitative and quantitative data
- **Extend research to other healthcares professionals**